



Illinois Department of Revenue

**EDA-117-R Multiple Location Schedule**  
(attach to EDA-98-R)

Illinois business tax number: \_\_\_\_\_ - \_\_\_\_\_ Audit Period: \_\_\_\_\_

Location code: _____	General merchandise	4b_____
Site name: _____	Food, drugs, and medical appliances	5b_____
Address: _____	Sales at other rates	8b_____
_____	Penalty (prior to 12/93)	26a_____
_____	Late-file penalty	26b_____
	Negligence penalty	26c_____
	Fraud penalty	26d_____
	Late-payment penalty (12/03 and after)	26e_____
	Interest on tax	27a_____
	Interest on late-filing penalty	27b_____
	Interest on negligence/ fraud penalty	27c_____

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Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_